

Minutes of the State Board of Health January 11, 2006

The Washington State Board of Health (WSBOH) met at the AmeriTel Inn in Olympia, Washington. Dr. Kim Marie Thorburn, WSBOH Chair, called the public meeting to order at 9:06 a.m. and addressed the attendees with the following statement:

“This is a public meeting of the State Board of Health held under provisions of RCW 43.20. Notice of the meeting was provided in accordance with provisions of RCW 34.05, the Administrative Procedures Act. Those members having any conflict of interest on any item coming before the Board will report that conflict with respect to the particular subject under consideration. In case of challenge of any Board members by the public, the Board shall decide the status of the challenged members to participate before considering the substance of the matter.

Copies of all materials supplied to the Board for today’s meeting have been available since close of business last Friday from the Board’s Tumwater office and on its Web site at www.sboh.wa.gov. They are also available today, along with anything else we have received since, at the table in the back of the room. To conserve public funds, we have only made as many copies as we felt would be needed, so we may run out of some particularly popular items. If you do not find a document you need, please ask Desiree Robinson, WSBOH Executive Assistant, or another Board staff person for one.

Our meeting today is open to the public, so please feel free to listen in on informal discussions involving Board members or staff, including any that may occur during breaks or lunch.”

SBOH members present:

Kim Marie Thorburn, MD, MPH, Chair
The Honorable Mike Shelton, Vice Chair
Charles Chu, DPM
The Honorable David Crump, PhD
Ed Gray, MD
Keith Higman

Mary Selecky, Secretary/Bill White,
Deputy Secretary
Frankie T. Manning, MN, RN
Mel Tonasket
Karen VanDusen

State Board of Health Staff present:

Craig McLaughlin, Executive Director
Lonnie Peterson, Communications Consultant
Desiree Robinson, Executive Assistant

Ned Therien, Health Policy Analyst
Tara Wolff, Health Policy Analyst

Guests and Other Participants:

Jennifer Aspelund, Citizen
Janna Bardi, Department of Health
Vicki Bouvier, Department of Health
Scott Burns, Merck
Dr. Anthony Chen, Harvard Medical School
Vic Colman, Department of Health
Michelle Davis, Department of Health

Leslie Emerick, Department of Health
Denise Frisino, Citizen
Dave Gifford, Department of Health
James Matteucci, Merck
Ruth McDougall, Department of Health
Gayle Thronson, OSPI
Dotti Wilke, DSHS

APPROVAL OF AGENDA

Motion: Approve January 11, 2006 agenda

Motion/Second: Crump/Manning

Approved unanimously

ADOPTION OF DECEMBER 7, 2005 MEETING MINUTES

Motion: Approve the December 7, 2005 minutes

Motion/Second: White/Manning

Approved unanimously

SBOH ANNOUNCEMENTS AND OTHER BOARD BUSINESS

Craig McLaughlin, WSBOH Executive Director, said a letter the Board wanted to send to Spokane County Commissioners was not prepared because the issue of mental health service funding was resolved before he wrote the letter. The Washington Health Foundation would like to address the Board in March or April about the Foundation's policy priorities. He said that Karen White of CDC is planning to meet with the Board after the flu season to talk about policy priorities for the next season. He mentioned several news articles about the Board's adoption of cystic fibrosis testing rules at its last meeting. Mr. McLaughlin then provided an update on the development of rules related to dead animal disposal, handling of human remains, HIV name retention, school environmental health and safety, school and child care immunization requirements, shellfish and small onsite systems.

Tara Wolff, WSBOH Staff, reported that the Action for Healthy Kids Program received a \$25,000 Kellogg Grant to work with the University of Washington to develop training for schools with larger populations of students with greater nutritional challenges and higher rates of health disparities.

Karen VanDusen, WSBOH Member, asked if the Board would hold a public hearing when it considered the HIV name reporting emergency rule. Mr. McLaughlin said there would be no hearing, but public testimony could be heard at the discretion of the Chair.

Dr. David Crump, WSBOH Member, asked whether the Native American community would be included in the stakeholder discussions for developing the human remains rule revision proposal. Mr. McLaughlin said that definitely they would be included in the process and noted that the Yakama Nation had first identified problems with the existing rule and statute.

DEPARTMENT OF HEALTH UPDATE

Deputy Secretary White informed the Board that Secretary Selecky would present the Department of Health (DOH) update, but had been delayed. Chair Thorburn stated that she understood that the Secretary was very busy during legislative session and would postpone her report until she arrived.

BOARD MEMBER COMMENTS AND CONCERNS

Member VanDusen said that at the end of January, Harborview Medical Center and Public Health—Seattle & King County are co-sponsoring a pandemic flu conference at Harborview. Member Crump thanked Desiree Robinson, SBOH Staff, for the information she provided to members and staff about how to save state money on travel expenses.

UPDATE ON STATE HEALTH REPORT

Chair Thorburn moved this item up from the scheduled agenda. Mr. McLaughlin said he has discussed the proposed outline for *2006 Washington State Health Report* with members of the Governor's staff and other agencies. He said the concept was very well received. He said the Governor's Office encouraged inviting other elected officials and agencies to provide submissions for the report, such as the Superintendent of Public Instruction.

Chair Thorburn asked Mr. McLaughlin to describe the format for public forums this year. He said the forums were being planned for the evenings before the April, May, and June Board meetings and that an outline of the Washington State Health Report would be made public before the forums. Mr. McLaughlin noted that a preliminary draft of the state report is due in March and a final report is due to the Governor by the end of June. Local health authorities would be invited to participate in the organization of each forum to help with community involvement. Frankie Manning, WSBOH Member, asked whether press releases would be used to alert the communities about the forums. Mr. McLaughlin said that would be one of the methods of notification. Mel Tonasket, SBOH Member, asked if the public would have a chance to see the draft report before the community meetings. Mr. McLaughlin said they would, but that they would be asked to focus on topics at the forums, rather than to critique the draft report. Chair Thorburn said that a special effort would be made to notify community members for which the Board has identified special interest in such topics as health disparities. Members Tonasket and VanDusen said they would like the public to have an opportunity to comment on any topic of concern to them and not be restricted to certain topics in the report.

Member VanDusen suggested adding some additional locations for the public forums, maybe not tied to board meetings, especially on the west side of the state. Mr. McLaughlin said that could be done because there would not need to be a quorum of members at each forum. Member Manning suggested the Board reach out to rural Washington, as well as urban areas, even if that meant having informational meetings later in the year after the final report is due. She would like to use the forums also for public outreach and education about health issues. Mr. McLaughlin said that additional public meetings could be held for that purpose beyond the June deadline. However, the statutory purpose of the forums was to inform the report. Member VanDusen suggested that additional forums could be used to inform future reports.

Mike Shelton, SBOH Vice Chair, encouraged the Board to try to reach members of the public rather than just focus on members of the health community. He would also like the Board to explore issues regarding balancing the limitations of funding with trying to respond to all of the public's concerns. Member Gray said the Board has held forums before, with little participation from the public. Member Manning said the public is now more aware of health issues than they were in previous years. She suggested trying informational presentations, followed by public response. She indicated that the structure of the forums and good publicity could help increase participation levels. Vice Chair Shelton said that a potential problem with such presentations is that "health care speak" can hinder the people's understanding of public health issues. Member Higman said that partnering with local health agencies and other community organizations would be the best way to encourage public attendance.

The Board discussed the possibility of holding additional forums, including possibly one in February, but decided against additional forums at this time. Considerations included cost, staff workload during legislative session, likely attendance and other issues.

DEPARTMENT OF HEALTH UPDATE

Mary Selecky, Secretary of Health & WSBOH Member, apologized for being delayed. She introduced Dr. Anthony Chen, a fellow of the Commonwealth Fund from Harvard University, who is studying minority health issues and shadowing her today. Secretary Selecky said that the Legislature is keeping her busy. DOH is assigned to 16 legislative task forces from last session. She said that by the third day of the legislative session, the bills submitted would increase governmental programs beyond the supplemental budget proposed by the Governor. She said there would be difficulty balancing needs for such things as pandemic flu preparedness and mental health services with budget limitations. She said today's culture expects performance outcomes. She noted that the Governor's supplemental budget provides a \$5 million increase for children's immunizations, split into maintenance level programs and new programs. She said the Governor is encouraging undertaking disaster preparedness, but not by relying on federal dollars for specific disease planning for a short period. The Governor would like planning to bolster public health preparedness in a more general way.

Vice Chair Shelton said that he was concerned about bills targeting money for the latest emerging disease, such as pandemic flu, rather than addressing the needs for total capacity of our local public health programs. Secretary Selecky said federal funding for emergency preparedness after 9-11 allowed for dual purposes of bioterrorism planning and general public health infrastructure improvement. Federal funding available now is specifically for pandemic flu planning, but she hopes that planning for that threat will help planning for other public health emergencies. Vice Chair Shelton said that he sees the need for mental health services to be very real. Member Manning stated that public information, such as for emergency preparedness, needs to be provided in multiple languages. Secretary Selecky agreed.

Secretary Selecky stated that health is one of the Governor's priority issues. The Governor's State of the State Address mentioned that health is a right. She asked Mr. McLaughlin to send a web link for the address to the Board Members. Another of the Governor's priorities is decreasing the high school drop out rate so kids are prepared for jobs, including in the trades. She said complaints about the Clean Indoor Air Act fill news reports; however, the DOH quit smoking line is more popular than ever. Continuing the public health response to tobacco use will take a cooperative multi-disciplinary effort of state and local agencies. She responded to a question from Member Tonasket about a recent media report, stating Washington's emergency room performance ranked low. The news article surprised her because other studies have ranked Washington State's trauma centers very high, she said. She is having staff investigate the criteria used for the report.

The Board took a break at 10:26 a.m. and reconvened at 10:41 a.m.

POLICY DEVELOPMENT WORKSHOP

Mr. McLaughlin introduced Patty Hayes, DOH Assistant Secretary, and Vic Colman, DOH Senior Policy Advisor, who gave a presentation titled, "The Power of Policy & Partnerships" (see handout behind Tab 6 for more information). Ms. Hayes and Mr. Colman developed this training for DOH staff and local public health personnel. Ms Hayes said the presentation has evolved, based on feedback from local public health staff.

Mr. Colman talked about norms as a way of getting a voluntary behavior change. Changing norms is a common way of getting public health changes. He said a norm can become a policy (reactive model) and a policy can become a norm (pro-active model). An example of an informal policy

typical of the reactive model is the “designated driver” norm. An example of a formal policy established by the pro-active model is I-901, prohibiting indoor smoking in public places. Vice Chair Shelton commented that some of the reluctance of government imposing norms is that we all have some libertarian sentiments and concern about the “tyranny of the majority.” Mr. Colman said that some changing of norms make it possible for policies to be self-enforcing. The goal is to make policies sustainable without constant enforcement.

Ms. Hayes said that it was important not to jump to solution. It is important to step back and look at the intent of what you want to do. Timing is very important. She talked about the need to develop partnerships to create a “tipping point” for changing public acceptance of a policy. It is important to clearly define the public health issue. She said it is good to try to look at the issue from the perspective of others to help identify stakeholders. She said government often fails to clearly identify and define what we are trying to do. We need to do our research, including looking at case law that might be appropriate. The judiciary can play a big role in establishing a policy. Policy making is usually most successful in incremental steps. Policy making in public health frequently must be done in the absence of strong research. We should not let trying to be perfect keep us from moving forward. Chair Thorburn stated that we should recognize the purpose of public health is harm reduction, not elimination. Mr. Colman explained that good ideas are not enough. Politics, partnerships, and media support are involved. Dr. Charles Chu, WSBOH Member, thanked Ms. Hayes and Mr. Colman for their presentation. He said building partnerships and creating dialogue with stakeholders to emphasize preventive policies was his priority. Member Higman stated that none of the examples mentioned in the presentation were environmental health issues. He said that might be because environmental health policies tend to be coercive. He hoped that would change. He encouraged using community input processes in developing public health policies.

REVIEW ACIP RECOMMENDATIONS/IMMUNIZATION RULE IMPLEMENTATION

Chair Thorburn said the Centers for Disease Control and Prevention (CDC) just released a new vaccination schedule that could affect future Board rule and implementation recommendations. Ms. Wolff called the Board’s attention to the materials behind Tab 7 and introduced Janna Bardi, DOH Immunization Program Manager. Ms. Bardi talked about the proposed varicella implementation plan (see handout and draft implementation plan for more information) and the vaccine schedule changes for 2006. Ms. Bardi reminded the Board that in addition to adding varicella to the list of required vaccines, the latest rule change also made a provision for DOH to develop implementation guidelines that develop requirements by grade and address immunization catch-up issues. Ms. Bardi said DOH convened a group of stakeholders to develop a proposed implementation plan for varicella immunizations for schoolchildren and children in child care facilities. Under the plan, DOH and schools would phase in the rule adopted by the Board in July 2005 over the next six years.

Chair Thorburn said that as children move into adolescence, the risk for complications from active chickenpox increases; therefore, the plan is based on assuring children are vaccinated by Grade 6 to prevent more serious complications down the road. Ms. Bardi said older children require two doses instead of one, which adds cost. Member VanDusen asked if vaccines were purchased for all children or just children in special categories. Ms. Bardi said the state purchases vaccines for all children aged 0–18 years. Member Manning wondered if telephone surveys used to determine immunization rates included cell phone numbers. Chair Thorburn said she did not think cell phone numbers were used in the survey but that the issue needed to be addressed. Ms. Bardi said the state’s immunization registry will provide better, more location-specific data than is currently being

collected using the phone survey. Member Manning asked if a stronger policy was needed to document vaccine usage in the state. Chair Thorburn said data is already collected from medical partners and that we need to be careful not to overburden them with unnecessary record keeping. Ms. Bardi said DOH was encouraging providers to use the registry to document immunizations given to children to create a better database that can be used to target efforts.

Ms. Bardi reviewed the Recommended Childhood and Adolescent Immunization Schedule for 2006 (see handout for more information). She highlighted some of the changes and explained how DOH is addressing the implications of these changes with schools. The major change affecting schools is the Tdap vaccine, a combination tetanus and pertussis vaccines for adolescents that would replace the existing tetanus booster. Ms. Bardi indicated that since pertussis is already listed in the rule as a disease children must be immunized against, adopting the new schedule would automatically require Tdap. She reviewed other changes in the schedule, including the addition of the meningococcal conjugate vaccine, revised recommendations for hepatitis A, stronger emphasis on hepatitis B, and a slight change in influenza vaccine recommendations.

Member VanDusen asked if these changes affected the Board rules. Ms. Bardi said not all of these changes would affect the rule. She explained the Vaccine Advisory Committee's role in determining which vaccines should be universally distributed in Washington State. Chair Thorburn said the rule lists the diseases to which children must be immune. When the rule is updated with the new schedule, there could be an impact. Chair Thorburn explained that if the Board adopts the 2006 schedule, some new immunizations will be required. She reminded the Board about the Board's Immunization Advisory Committee and its task of developing criteria for the Board's consideration. Member VanDusen asked whether the rules apply to home-schooled children. Ms. Bardi said that the rules apply to those children only if they enter the school setting for some activity. Member Crump wondered why the implementation focus was on kindergarten and grade 6 rather than kindergarten and grade 3. Ms. Bardi said resources in schools are limited and schools are used to screening for grade 6 and kindergarten entry. We want to be sure to immunize children against varicella before they turn 13 so they are not at increased risk. School nurses are stretched to the max and not able to take on additional burdens easily. She reminded the Board of information systems in place now that support this particular implementation strategy. Member VanDusen said chickenpox is a big problem at the University of Washington. She said the feasibility of implementation is not mentioned in the rule, and wondered if it should be revisited at some point. Chair Thorburn reminded the Board that they are not done with this rule.

Motion: The Board approves the Department of Health's phased-in implementation plan to require varicella for school and child care entry (as provided by section 8 of WAC 246-100-166).

Motion/Second: Shelton/Crump

Approved unanimously

The Board recessed for lunch at 12:39 p.m. and reconvened at 1:41 p.m.

PUBLIC HEARING ON FOOD WORKER CARD RULE, CHAPTER 246-217 WAC

Member Higman introduced the agenda item. Ned Therien, WSBOH Staff, called the Board members' attention to the information behind Tab 8. He described the two parts of the proposed revision: (1) match a recent statutory change to allow adult family home workers an alternative to obtaining the food worker card and (2) require food allergy information be provided with food worker training. Nancy Napolilli, DOH, stated that DOH has worked with the Department of Social and Health Services (DSHS) to improve the food safety component of caregiver courses for adult family home workers so that it is equivalent to training required to get a food worker card. She stated that the proposal to require food worker training to include food allergy awareness is intended to educate food workers that consumer questions about food ingredients may have serious health implications. She stated that no comments of concern had been received by DOH regarding this proposal. Member VanDusen asked if DSHS would be checking during inspections of adult family homes that workers have completed one of the training alternatives. Dotti Wilke, DSHS, replied that checking worker qualifications is part of the DSHS inspection process.

Member Higman commented that many local health jurisdictions already include food allergy information in their food worker card training courses. Mr. McLaughlin commended DOH for quickly responding when asked to expand the food allergy information in the 2005 revision of the state food worker training manual, only days before it was going to press. Members Chu and Crump, expressed concern about cross-contamination of food allergens and mentioned family examples.

Motion: The Board adopts the revised Chapter 246-217 WAC as published in WSR 05-24-116.
Motion/Second: Manning/Chu
Approved unanimously

2005-07 STRATEGIC PLAN

Chair Thorburn said the strategic plan is really a five-year plan, rather than a seven-year plan as proposed at earlier meetings. Mr. McLaughlin called the Board's attention to the documents behind Tab 9. He also announced that the 2005 Annual Report was available to Board members. This was the first year that the report was produced in-house, which was a savings for the Board. He commended Lonnie Peterson, Communications Consultant, on her efforts.

Mr. McLaughlin reviewed the proposed final strategic plan. Vice Chair Shelton said the logic model could be confusing for readers since it is so near to the beginning of the plan. Chair Thorburn and Vice Chair Crump suggested moving it to an appendix. Mr. McLaughlin pointed out the Board's work plan in Appendix A. He said the work plan is a changeable part of the document and will be updated as needed. He also pointed out the performance measures and said some of them were "process measures." Member Crump asked if there was anything in the plan covering collaboration with the military. Mr. McLaughlin said there was nothing specific, but thinks it would be achieved through partnership with DOH. Vice Chair Shelton cautioned the Board against impeding local relationships with the military. He said in Island County, the director of the military hospital was invited to sit as an ex-officio member of their local board of health. He also mentioned the memo of understanding that exists between Pierce County and Madigan Hospital / Fort Lewis as an example of good collaboration.

Member VanDusen said she appreciated the inclusion of performance measures. She suggested including a measure to add a Native American representative to the Board. Mr. McLaughlin said he

felt such a measure was out of the Board's control. Member VanDusen wondered why section 1.5.4 did not expressly mention other state agencies (ie OSPI, DSHS). She also expressed concern about the wording of the strategy to reduce secondhand smoke in "private settings." She said the term "private settings" might be inflammatory and she was concerned about the boundaries of government. Chair Thorburn commented that the issue of protecting those who are unable to protect themselves is being considered by many in government. Member Manning indicated that she believes that the Board needs to protect those who cannot protect themselves. Member Tonasket said he understood both positions but felt that if we make an error, it should be in favor of the child. He noted that children's seat belt laws address similar issues. Member VanDusen proposed the strategy be amended to change the wording on page 12, section 4.2.3 to "reduce children's exposure to second hand smoke."

Motion: Adopt 2005 Strategic Plan.

Motion/Second: Crump/Manning

Motion: Amend Strategy 4.2.3 to strike the term "private settings."

Motion/Second: VanDusen/Crump

Motion to amend failed, 4 ayes, 5 nays

Motion to adopt the strategic plan approved unanimously

LEGISLATIVE PREVIEW

Mr. McLaughlin called the Board's attention to materials behind Tab 10. He said the legislative session started on Monday. The revenue forecasts predict \$1.4 to \$1.8 billion in additional revenue for the 2006-07 fiscal year. The Governor expects that she will need the additional revenue and more to meet caseload increases and other fiscal commitment for the 2007-09 biennium. She wants to hold \$0.9 billion in reserve. Her budget includes extra money for some health-related programs (listed on page 2 of the cover memo in tab 10). Mr. McLaughlin also covered some policy issues related to the Board's work that the Legislature may take up. Member Chu asked for information on medical malpractice reform. Member Gray noted an interesting Web site available to follow this and other issues at www.washingtonvotes.org. Mr. McLaughlin listed two other sources Board members may wish to consult—the Board's Bill Watch page and the Legislature's Web site. Member Crump said he did not see anything in the handout regarding enhancing mental health. Mr. McLaughlin said send Member Crump information on bills related to public health.

Mr. McLaughlin introduced Leslie Emerick, DOH Policy, Legislative, and Constituent Relations Assistant Director. Ms. Emerick read an OFM memo to executive agencies requesting that they not support bills that will cost money unless they are funded in the Governor's budget proposal. She called attention to the Governor's five-point strategy for raising the bar for health care (refer to Governor's policy brief in tab 10). Member Gray commented that after 40 years in medicine, he is cautious about using the term evidence-based because the scientific evidence changes over time. Ms. Emerick said the Governor's budget includes \$42 million to help clean up Puget Sound, including dealing with surrounding land contaminated with toxic compounds. Member Chu asked if cruise ship spills were contributing to the problem. Ms. Emerick said that they were not really the major source of the problem and that she would get back to Dr. Chu with a more detailed response to his question.

The Board took a break at 3:19 p.m. and reconvened at 3:29 p.m.

POLICY STATEMENT FOR 2006 LEGISLATIVE SESSION

Mr. McLaughlin suggested adding language to the statement about opposing proposals to roll back I-901 requirements until a reasonable period had passed to assess the impacts of the initiative. The Board agreed. The Board discussed taking into consideration the Governor's direction to executive agencies about limiting support for proposals that cost money and are not addressed in her budget. Member Crump wondered if there was anything new that the Board had not supported in the past on the policy statement. Mr. McLaughlin indicated that this policy statement has the same areas but a stronger focus on health disparities.

Motion: The Board adopts the Statement of the Board Policy on Possible 2006 Legislative Issues as submitted on January 11, 2006.

Motion/Second: Tonasket/Crump

Approved unanimously.

PUBLIC TESTIMONY

Denise Frisino, former teacher, said she attended all of the School Rule Development Committee (SRDC) meetings. She testified about her personal health problems related to school indoor air quality. In 2000 she began to suffer health effects that L & I attributed to a malfunctioning school ventilation system and use of a toxic floor finish. She said this affected her immune system. She said that she had continuing health problems that were related to mold exposure in schools. She does not believe school districts are adequately addressing mold problems. She said other states have programs that are much better at addressing the health hazards of mold in schools and encouraged the Board to adopt strong rules, not recommendations, to control mold problems in schools in Washington. Member VanDusen asked what states she thought had good programs. Ms. Frisino said California and New York have good programs to control mold problems in schools. Member Tonasket asked if Ms. Frisino could provide additional names of people who she knows of that have concerns about mold in schools. She said she could help provide names. Member VanDusen asked staff to provide her with the school mold rules for California and New York.

Jennifer Aspelund, parent of two students at Nathan Hale in Seattle, attended all of the SRDC meetings. One of her children had a compromised immune system and the child suffered additional health problems attributed to mold contamination in school. She said that when she complained to the school district, she was told that they needed to make the school safe for only 98.5% of the students. She said that the local health department would not address the problem because no rules existed. She said that she attended all of the School Rule Development Committee (SRDC) meetings, even though she was not a voting representative. She encouraged the Board to look at all of the proposals discussed during the SRDC process, which were considered to be put in either rule or guidelines. She said that she wanted the Board to see the original language of the proposals before being edited in the SRDC process. She said she was concerned about important proposals being put into guidelines, rather than rule. Member Tonasket said that he wanted to be sure that names be gathered of people concerned with these issues so that they will be contacted to inform them of the opportunity to testify to the Board.

ADJOURNMENT

Chair Thorburn adjourned the meeting at 4:05 p.m.